

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>213508380</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>BATTELLE MEMORIAL INSTITUTE</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>OH</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>2/28/2013</b></p> <p>SCC ID NO: <b>F0277188</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 505 KING AVE</p> <p style="margin-left: 40px;">CITY/ST/ZIP: COLUMBUS, OH 43201</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: J. WADSWORTH  TITLE: P/CEO  ADDRESS: 505 KING AVENUE  CITY/ST/ZIP/CO: COLUMBUS, OH 43201 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: J. WADSWORTH TITLE: P/CEO ADDRESS: 505 KING AVENUE CITY/ST/ZIP/CO: COLUMBUS, OH 43201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME:	T. E. MASON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	505 KING AVENUE		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43201		
NAME:	T. D. SNOWBERGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	505 KING AVENUE		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43201		
NAME:	M. E. TOOMAJIAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	505 KING AVENUE		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43201		
NAME:	R. D. TOWNSEND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	505 KING AVENUE		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43201		
NAME:	T. E. SHARPE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST T /ASST S		
ADDRESS:	505 KING AVE		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43201		
NAME:	B. GRAHAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	505 KING AVENUE		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43201		
NAME:	J. L. MOBLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST. TREASURER		
ADDRESS:	505 KING AVENUE		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43201		
NAME:	B. R. SMITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST. TREASURER		
ADDRESS:	505 KING AVENUE		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43201		
NAME:	J. B. MCCOY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	505 KING AVENUE		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43201		
NAME:	G. VON HOLTEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CNTRLR/ASST TR		
ADDRESS:	505 KING AVENUE		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43201		
NAME:	V. A. BAILEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	505 KING AVENUE		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43201		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M. J. GASSER DIRECTOR 505 KING AVENUE COLUMBUS, OH 43201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R. A. HULSE DIRECTOR 505 KING AVENUE COLUMBUS, OH 43201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	L. L. LYLES DIRECTOR 505 KING AVENUE COLUMBUS, OH 43201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M. G. MORRIS DIRECTOR 505 KING AVENUE COLUMBUS, OH 43201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	S. C. O'KEEFE DIRECTOR 505 KING AVENUE COLUMBUS, OH 43201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. K. WELCH CHMN OF BD 505 KING AVENUE COLUMBUS, OH 43201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK L. DOUGLAS DIRECTOR 505 KING AVE COLUMBUS, OH 43201	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ T. E. SHARPE		T. E. SHARPE, ASST T /ASST S	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			